

FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

DISCLOSURE SUMMARY PAGE

2008 MAY 19 PM 2:30

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm #	1326
Indexed	2
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)

Oldson for State Representative

IMPORTANT: Indicate type of committee you are reporting for:

1

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

515-255-2805

5-19-08

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 14, 2008 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total
of all monies held by the committee. This amount **MUST** be the
same as the cash on hand at the end of the last reporting period,
or must be zero if this is first report filed.)

\$ 22,087.21

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

4400.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 26,487.21

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

11,004.24

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ 15,482.97

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

Jo Oldson for State Representative - Schedule A

Date	PAC ID	Name	Address	Relationship	Amount
1/3/2008	ID# CK#	Joyce, Christy	1511 41st Place, Des Moines, IA 50311	No Relation	\$100.00
1/4/2008	ID# 6052 CK# 3193	PAC #6052, Indpdnt Insurance Agts of IA	4000 Westown Prkwy, Ste. 200, West Des Moines, IA 50265	No Relation	\$100.00
1/7/2008	ID# 6082 CK# 1300	PAC #6082, MidAmerican Energy	666 Grand Ave, PO Box 657, Des Moines, IA 50303-0657	No Relation	\$500.00
1/8/2008	ID# 1326 CK# 1411	PAC #1326, Great Plains Laborers PAC	5806 Meredith Drive Suite B, Des Moines, IA 50322	No Relation	\$300.00
1/8/2008	ID# 6291 CK# 2615	PAC #6291, Iowa Hospital Association	100 E. Grand Ste 100, Des Moines, IA 50309	No Relation	\$1,000.00
1/8/2008	ID# CK#	Palmer, David	213 SW Flynn Dr., Ankeny, IA 50021	No Relation	\$50.00
1/9/2008	ID# CK#	Johnson, Brian	6824 Panorama Drive, Panora, IA 50216	No Relation	\$100.00
1/9/2008	ID# CK#	Slater, Gary	3303 E. University, Des Moines, IA 50317	No Relation	\$100.00
1/10/2008	ID# 9687 CK# 1116	PAC#9687, Grinnell Mutual PAC	4215 Highway 146, Grinnell, IA 50112	No Relation	\$250.00
1/11/2008	ID# 6063 CK# 2173	PAC #6063, Iowa Dental Association	505 - 5th Ave., Suite 333, Des Moines, IA 50309-2379	No Relation	\$1,000.00
1/13/2008	ID# 6429 CK# 2115	PAC #6429, Heavy Highway	2415 Ingersoll Ave., Des Moines, IA 50312-5233	No Relation	\$250.00
1/13/2008	ID# 9698 CK# 640	PAC# 9698, IAAMB PAC	4949 Westown Pkwy, West Des Moines, IA 50266	No Relation	\$150.00
3/17/2008	ID# CK#	Vilsack, Thomas	3131 Fleur Dr. DSM IA 50321	No Relation	\$100.00
5/12/2008	ID# 8524 CK# 1928	PAC #8524, Baxter Healthcare PAC	1501 K St., NW, Ste 375, Washington, DC 20005	No Relation	\$400.00

TOTAL \$4,400.00

1-9-08 ID# 8524
CK# 1881 Baxter Healthcare PAC
1501 K St. NW
Washington DC
20005

no relation + 400.00

1-16-08 BAXTER Check returned
#1881

< 400.00 >

Sub-Total: \$4,400.00

Monday, May 19, 2008

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Oldson for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/30/08	ID# CK# 3168	House Truman Fund 5661 Fleur Dr. DSM	Contribution	\$10,000.00
4/15/08	ID# CK# 3170	Iowa Democratic Party 5661 Fleur Dr. DSM IA	VAN Contribution	1000.00
1/16/08	ID# CK#	deduct - bank chrg. for returned ck - BAXTER Contribution	Bank service chrg.	4.24
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$11,004.24

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)